

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

09/674330

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
0							60						
1							61						
2							62						
3							63						
4							64						
5							65						
6							66						
7							67						
8							68						
9							69						
0							70						
1							71						
2							72						
3							73						
4							74						
5							75						
6							76						
7							77						
8							78						
9							79						
0							80						
1							81						
2							82						
3							83						
4							84						
5							85						
6							86						
7							87						
8							88						
9							89						
0							90						
1							91						
2							92						
3							93						
4							94						
5							95						
6							96						
7							97						
8							98						
9							99						
0							100						
TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.	TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.
TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.	TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.
TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.	TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.
TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.	TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.